

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003

WEST SACRAMENTO, CA 95798-9003

(916) 574-7870 FAX (916) 574-8620



**APPLICATION FOR A
CREMATED REMAINS DISPOSER LICENSE
REGISTRATION FEE \$100.00**

**License Number Issued
CRD**

SECTION A: APPLICANT INFORMATION				
Last Name	First	Middle Initial	Former (If applicable)	
Residence Address		City	State CA	Zip Code
Home Telephone Number ()	Date of Birth	Social Security Number		
Business Address		City	State CA	Zip Code
Mailing Address (If different than business address)		City	State CA	Zip Code
Storage Address (If different than business address)		City	State CA	Zip Code
Business Phone Number ()	Fax Number ()	Storage Phone Number (If different than business) ()		
SECTION B: METHOD(S) THAT WILL BE USED TO SCATTER CREMATED REMAINS (Attach additional pages as needed.)				
State Method you plan to use to scatter cremated remains: (i.e., Aircraft, Boat, Horseback Riding, Private Vehicle)				
Registration and Documentation Number (If applicable)		Federal Aviation Registration Number (If applicable)		
Area to be served				
State Method you plan to use to scatter cremated remains: (i.e., Aircraft, Boat, Horseback Riding, Private Vehicle)				
Registration and Documentation Number (If applicable)		Federal Aviation Registration Number (If applicable)		
Area to be served				
FOR BUREAU USE ONLY				
Date Cashiered	Amount Cashiered	ATS Number	Receipt Number	
SID Number/On File With/Date Received		Issuance Date	License and Packet Mailed On	

SECTION C: APPLICANT BACKGROUND INFORMATION

Has the Cemetery and Funeral Bureau ever issued you a personal license?

Yes ☐ No ☐

If **yes**, provide license type(s) number(s) and issue date(s). _____

Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service to the Cemetery and Funeral Bureau?

Yes ☐ No ☐

If **yes**, for what license type, and the approximate date. _____

If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.

Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country?

Yes ☐ No ☐

If **yes**, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.

You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).

Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?

Yes ☐ No ☐

If **yes**, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.

SECTION D: APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act nor misuse the privileges of the registration.

Signature of Applicant

Date

Note: The information solicited on this form is required pursuant to Business and Professions Code Section 9741. All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.